

PUBLICATION STATEMENT INFORMATION FOR THE STATE OF SOUTH DAKOTA

**PLEASE NOTE – ONLY CERTAIN COMPANIES ARE REQUIRED
TO SUBMIT THE PUBLICATION STATEMENT. THOSE
COMPANIES ARE LISTED IN THE LINK BELOW.**

<http://www.state.sd.us/drr2/reg/insurance/companies/documents/CompanyAppointmentPublication.pdf>

The Publication Statement is to be mailed to:

South Dakota Newspaper Services
1125 32nd Avenue
Brookings, South Dakota 57006

Do not send a copy to the Division of Insurance

FIRE AND CASUALTY PUBLICATION STATEMENT ----- SOUTH DAKOTA

Return this completed form by March 1, 2011 to:

South Dakota Newspaper Services

1125 32nd Avenue

Brookings, South Dakota 57006

PHONE: 605-692-4300

E-MAIL: ONESYS@ITCTEL.COM

FAX: 605-692-6388

Name of Company: _____ NAIC # _____

Home Office Address: _____

Mailing Address: _____

State of Incorporation: _____

BELOW ARE REQUIRED FIELDS: Person to whom billing for publication should be directed:

Name: _____ Direct phone number: _____

E-Mail Address: _____ Address: _____

(IF DIFFERENT THAN MAILING ADDRESS ABOVE)

Figures from the Annual Statement for the Year ending December 31, 2010

ASSETS:

Bonds \$ _____
Stocks _____
Mortgage Loans on Real Estate _____
Real Estate Owned _____
Cash and Bank Deposits _____
Agents Balances or Uncollected Premiums _____
Interest, Dividends and Real Estate Income Due and Accrued _____
Other Assets _____

TOTAL ASSETS \$ _____

LIABILITIES, SURPLUS & OTHER FUNDS:

Reserve for Losses _____
Reserve for Loss Adjustment Expenses _____
Other Expenses (excluding taxes, licenses and fees) _____
Taxes, Licenses & Fees (excluding Federal and Foreign Income Taxes) _____
Federal and Foreign Income Taxes _____
Unearned Premiums _____
All other Liabilities _____

TOTAL LIABILITIES \$ _____

Special Surplus Funds _____
Capital Paid Up or Statutory Deposit _____
Gross Paid In and Contributed Surplus _____
Unassigned Surplus _____

SURPLUS AS REGARDS POLICYHOLDERS \$ _____

TOTAL \$ _____

BUSINESS IN SOUTH DAKOTA 2010:

Direct Premiums Written \$ _____
Direct Premiums Earned _____
Direct Losses Paid _____
Direct Losses Incurred _____

NOTE: This section must be completed. Use zeros if no business in SD in 2010.